

# Provider Newsletter



An Anthem Company

<https://providers.amerigroup.com/MD>

December 2019



## Table of Contents

Popular articles from 2019 that you may have missed!	Page 2
Remind your patients about renewal dates	Page 3
2019 Provider Satisfaction (PSAT) and CAHPS® survey results	Page 3
Availity technical support	Page 3
Electronic submission is preferred method for requesting pharmacy prior authorization	Page 4
Medical drug <i>Clinical Criteria</i> updates	Page 4
Medicaid enrollment reminder	Page 5
Coding spotlight — provider's guide to coding respiratory diseases	Page 5
<i>HEDIS® coding tips</i>	Page 6
Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal	Page 7
From the Maryland Department of Health: HIV drug carve-in effective January 1, 2020	Page 8
Prior authorization requirements	Page 9
<i>Medical Policies and Clinical Utilization Management Guidelines</i> update	Page 10
Noncovered codes	Page 11
Important phone numbers to know	Page 12

## Popular articles from 2019 that you may have missed!

We pack the bimonthly provider newsletters with a lot of information, but we know you are busy! We identified some popular articles based on feedback from your Provider Relations representatives. You can find these articles and more in the links below.



### February newsletter

- Physical and Occupational Therapy Reviews (page 2)
- My Diverse Patients — A Website to Support Your Diverse Patients (page 3)

### April newsletter

- Pharmacy Benefit Manager Change to IngenioRx (page 2)
- Practitioners' Rights During Credentialing Process (page 3)
- HealthChoice Enrollment Reminder (page 3)
- Preferred Drug List, Searchable Formulary and Real Time Benefit Checks (page 4)
- Update: Evaluation and Management with Modifier 25 (page 5)

### June newsletter

- Updating Your Provider Data (page 3)
- Why Do Patients Stop Taking Their Prescribed Medications and What Can You Do to Help Them? (page 4)
- Coding Spotlight: Hypertension (page 5)

### August newsletter

- Quarterly Appointment and After-Hours Availability Survey (page 3)
- New Specialty Reference Guides (page 3)
- Use the Practice Profile Update Form to Update Your Information (page 5)
- Policy Update: Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service (page 9)

### October newsletter

- ImmuNet (page 2)
- RhoGAM (page 2)
- Clinical Laboratory Improvement Amendments (CLIA) (page 4)
- Policy Update: EPSDT (page 10)

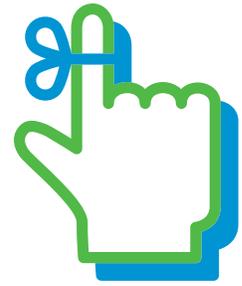
For more newsletters and provider information, visit <https://providers.amerigroup.com/MD>.

If you have questions about any of these articles or newsletters, call Provider Services at 1-800-454-3730 or contact your Provider Relations representative.

MD-NL-0261-1

## Remind your patients about renewal dates

Your patients are at risk of becoming disenrolled from their HealthChoice plan and may lose you as their provider. We want to ensure our members continue to receive the care they need. Be sure to remind your patients to contact Maryland Health Connection to check their renewal date.



### There are several easy ways to help your patients get in touch with Maryland Health Connection:

- **Online:** Your patients can log in to their account on the Maryland Health Connection website at [www.marylandhealthconnection.gov](http://www.marylandhealthconnection.gov) and renew online.
- **By phone:** Call 1-855-642-8572 (TTY: 1-855-642-8573) to renew by phone.
- **Use the mobile app:** Download Enroll MHC, the Maryland Health Connection free mobile app.
- **In person:** Your patients can renew in person at their local health department or at the Department of Social Services (DSS).
  - For a complete list of health departments, visit [www.health.maryland.gov](http://www.health.maryland.gov).
  - For a complete list of DSS offices, visit [www.dhr.maryland.gov/local-offices](http://www.dhr.maryland.gov/local-offices).

Find out how Amerigroup Community Care can provide support for your patients by contacting your local Provider Relations representative or call Provider Services at 1-800-454-3730.

MD-NL-0258-19

## 2019 Provider Satisfaction (PSAT) and CAHPS survey results

### Our member and provider voices matter!

Quality is a top priority for Amerigroup Community Care; we want to ensure that HealthChoice members and providers receive excellent services and quality attention. Each year, Amerigroup, in partnership with the State of Maryland, reaches out to members and providers to get valuable feedback, which helps identify opportunities to improve our quality health care services. We are proud to share our successes and our ongoing efforts to enhance the services we provide and the attention we give to our members and providers.



CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

MD-NL-0257-19

## Availity technical support

In the event that you encounter technical issues within the Availity system, reach out to Availity using one of the methods below:

- Visit <https://www.availity.com> and select Help & Training > Find Help.
- Call 1-800-AVAILITY (1-800-282-4548) toll free.
- E-mail [support@availity.com](mailto:support@availity.com).

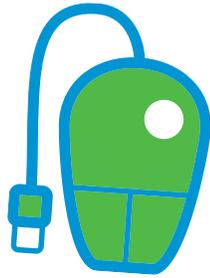
Your Provider Relations representative does not have the ability to troubleshoot issues that are a direct result of Availity, a multipayer vendor.

If the issues experienced are directly related to Amerigroup Community Care, contact your Provider Relations representative or call Provider Services at 1-800-454-3730.

MD-NL-0260-19

## Electronic submission is preferred method for requesting pharmacy prior authorization

Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. The online process is faster and easier to complete, and the response is automatic, which helps patients get their medications sooner. You can complete this process through your current electronic health record/electronic medical record (EHR/EMR) system or via the following ePA sites:



- **Surescripts®:**  
<https://providerportal.surescripts.net/providerportal>
- **CoverMyMeds®:**  
<https://www.covermymeds.com/main>

Creating an account is free and takes just a few minutes. If you are experiencing any issues or have a question about how the systems operate:

- For questions or issues with accessing the Surescripts portal, call 1-866-797-3239.
- For questions or issues with accessing the CoverMyMeds portal, call 1-866-452-5017.

For questions regarding pharmacy benefits, contact your IngenioRx call center 1-800-454-3730.

MD-NL-0244-19

## Medical drug *Clinical Criteria* updates

### July 2019 update

On June 20, 2019, the Pharmacy and Therapeutic (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria web posting](#).

MD-NL-0243-19

### August 2019 update

On August 16, 2019, the Pharmacy and Therapeutic (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria web posting](#).

MD-NL-0256-19

The *Clinical Criteria* is publicly available on our [provider website](#) under *News & Announcements*. Visit the [Clinical Criteria website](#) to search for specific policies.

Please submit your questions to [email](#).

## Medicaid enrollment reminder

The *21st Century Cures Act*, a federal law enacted by Congress, requires all Medicaid managed care network providers to be enrolled in state Medicaid programs. Providers must enroll separately with each state in which they practice.

All billing and rendering providers submitting claims to Amerigroup Community Care are required to maintain active enrollment in the Maryland Medicaid program. Providers enroll through the electronic Provider Revalidation and Enrollment Portal (ePREP), launched by the Maryland Department of Health in December 2017. **Failure to enroll and maintain an active status with ePREP may result in future claims denial.** Please enroll and/or verify active status with ePREP at <https://eprep.health.maryland.gov>. For more information, contact the Maryland Department of Health at 1-844-4MD-PROV (1-844-463-7768) or visit [www.health.maryland.gov/eprep](http://www.health.maryland.gov/eprep).

Medicaid providers will use ePREP as a one-stop shop for new enrollment, re-enrollment, revalidation and provider/demographic updates (e.g., license updates, changes of ownership, address changes).

### How to enroll

Providers must sign up with a username and password at <https://eprep.health.maryland.gov>. For help navigating, you can contact the ePREP Call Center at 1-844-4MD-PROV (1-844-463-7768), Monday-Friday, 7 a.m.-7 p.m. (except state holidays).

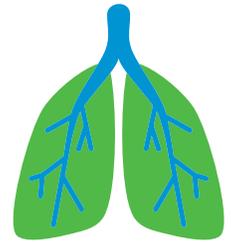
Resources are also available at the [Maryland Department of Health website](#).

MD-NL-0245-19

## Coding spotlight — provider's guide to coding respiratory diseases

### ICD-10-CM coding

Respiratory diseases are classified in categories J00 through J99 in Chapter 10, "Diseases of the Respiratory System" of the *ICD-10-CM Official Guidelines for Coding and Reporting*.



### Pneumonia

Pneumonia is coded in several ways in ICD-10-CM. Combination codes that account for both pneumonia and the responsible organism are included in Chapter 1, "Certain Infectious and Parasitic Diseases" and Chapter 10, "Diseases of the Respiratory System." Examples of appropriate codes for pneumonia include:

- J15.0 — pneumonia due to *Klebsiella*
- J15.211 — pneumonia due to *Staphylococcus aureus*
- J11.08 + J12.9 — viral pneumonia with influenza.



Read more online.

MD-NL-0266-19

## HEDIS coding tips

The following CPT®, ICD-10-CM and HCPCS codes can help reduce the number of medical records Amerigroup Community Care requests during HEDIS® medical record review, which takes place from January-May each year. Adding these codes to a claim will help us identify additional information about the visit and improve the accuracy of reporting quality measures.

### Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)

Codes to identify weight assessment, nutritional counseling and physical activity:

Description	CPT	ICD-10	HCPCS
<b>BMI percentile</b>		Z68.51-Z68.54	
<b>Nutrition counseling</b>	97802, 97803, 97804	Z71.3	G0270, G0271, S9449, S9452, S9470
<b>Physical activity counseling</b>		Z02.5, Z71.82	G0447, S9451

Codes to identify outpatient visit:

CPT	HCPCS
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015

### Well-Child Visits in the First 15 Months of Life (W15)

Codes to identify well-child visits:

CPT	HCPCS	ICD-10
99381-99385, 99391-99395, 99461	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

### Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Codes to identify well-child visits:

CPT	ICD-10	HCPCS
99381-99385, 99391-99395, 99461	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, Z76.2	G0438, G0439

### Immunizations for Adolescents (IMA)

Vaccines administered on or before their 13th birthday:

- One meningococcal vaccine (MVC) on or between 11th-13th birthdays
- One tetanus, diphtheria and pertussis (Tdap) or one tetanus-diphtheria (Td) vaccine on or between their 10th-13th birthdays
- Two doses or three doses of human papillomavirus (HPV) vaccine administered on or between ages 9-13 years old

Description	CPT
MCV	90734
Tdap	90715
HPV	90649, 90650, 90651

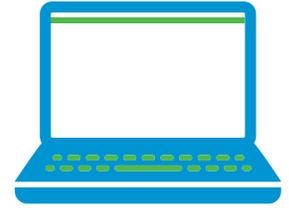
For a complete list of CPT codes, visit the [American Medical Association website](#) > Practice Management > CPTR (Current Procedural Terminology) > CPT Overview > Finding Coding Resources.

*The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information.*

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).*

MDPEC-1872-19

## Precertification Lookup Tool — easy access to prior authorization guidelines on the Availity Portal



Amerigroup Community Care has an online tool that displays prior authorization guidelines to help you quickly determine whether certain services for Amerigroup members require a prior authorization.

You can access the Precertification Lookup Tool through the Availity Portal. The Precertification Lookup Tool will let you know if clinical edits apply, information such as the medical necessity criteria used in making the authorization decision and if a vendor is used — without the need to make a phone call.

### Where is the Precertification Lookup Tool located on Availity?

Navigate to the Precertification Lookup Tool on the Availity Portal by selecting either 1) **Payer Spaces** or 2) **Patient Registration** from [Availity's homepage](#). You can also reach Availity via phone at 1-800-AVAILITY (1-800-282-4548). Access to the information does not require an Availity role assignment, tax ID or NPI.

#### Through Availity Payer Spaces:

- Select Amerigroup from the *Payer Spaces* menu.
- Select the **Applications** tab.
- Select the **Precertification Lookup Tool**.

#### From the Patient Registration menu:

- Select **Authorizations and Referrals**.
- Select the **Precertification Lookup Tool** link located under *Additional Authorizations & Referrals*.

Once you have accessed the Precertification Lookup Tool, choose a line of business from the menu selection offered, then type the CPT®/HCPCS code or a code description to determine if a prior authorization is required.

### Other ways to access:

If you are currently accessing the Precertification Lookup Tool either through your health plan's public or secure provider portal, those options are still available for you.

MD-NL-0252-19

**A message from the Maryland Department of Health:**

**From the Maryland Department of Health: HIV drug carve-in effective January 1, 2020**

*MARYLAND MEDICAL ASSISTANCE PROGRAM Hospital Transmittal No. 270, Managed Care Organization Transmittal No.135, Pharmacy Transmittal No. 208, Physician Transmittal No.146, Nurse Practitioner Transmittal No.24, Physician Assistant Transmittal No. 4, Federally Qualified Health Centers Transmittal No.15, Local Health Departments Transmittal No.10*

**October 9, 2019**

**To:** Hospitals, Managed Care Organizations, Pharmacies, Physicians, Nurse Practitioners, Physician Assistants, Federally Qualified Health Centers, Local Health Departments

**From:** Athas Alexandrou, Director, Office of Pharmacy Services  
Jill Spector, Director, Medical Benefits Management

**Re:** Carve-In of the HIV/AIDS Medications Effective January 1, 2020

**Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.**

Effective January 1, 2020, MCOs will be responsible for processing and paying all claims for HIV/AIDS medications for their members. This change will affect all of the medications that are under American Hospital Formulary Service (AHFS) Classification 8:18.08 (Antiretrovirals).

Please note that from January 1, 2020, through June 30, 2020 there will be a "soothing period" during which the MCOs will continue their members' existing antiretroviral therapy under Medicaid Fee-for-service (FFS) without changes. New patients placed on antiretroviral therapy during the soothing period will be subject to the MCOs' HIV/AIDS medication prescribing requirements.

**For pharmacies:**

When processing pharmacy claims, please utilize the appropriate BIN, PCN, Group ID, and Cardholder identification numbers based on the patient's individual MCO plan as is currently done for other covered medications. For a full listing of all the BIN/PCN/Group ID information, please go to the online provider manual, page 9: <http://www.mdrxprograms.com/oocp.html#CI>

**For prescribers:**

MCOs will work collaboratively with you and your patients during the soothing period to ensure that HIV medication regimens are appropriate and in line with drug coverage options on their respective formularies. When the soothing period ends, prior authorization may be required for certain medications.

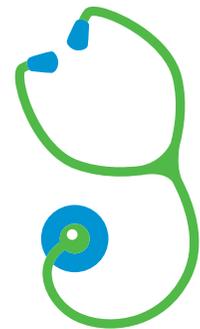
If prescribers or pharmacies have any questions about this transmittal, please call the Pharmacy Access Hotline at 1-800-492-5231, option 3. If MCOs have questions, please contact Pam Williams at [pam.williams@maryland.gov](mailto:pam.williams@maryland.gov).

MD-NL-0264-19

## Prior authorization (PA) requirements

### Global 3M19 Medical Policy and Technology Assessment Committee PA requirement updates

Effective February 1, 2020, PA requirements will change for several services to be covered by Amerigroup Community Care for HealthChoice members.



**Read more online.**

MD-NL-0254-19

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

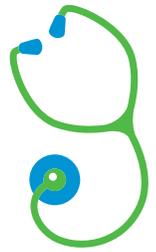
**To request PA, you may use one of the following methods:**

- **Web:** <https://www.availity.com>
- **Fax:** 1-800-964-3627
- **Phone:** 1-800-454-3730

Not all PA requirements are listed here. Detailed PA requirements are available to providers on our provider website (<https://providers.amerigroup.com/MD> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) and at <https://www.availity.com>. Providers may also call us at 1-800-454-3730 for PA requirements.

## Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.



To view a guideline, visit [https://medicalpolicies.amerigroup.com/am\\_search.html](https://medicalpolicies.amerigroup.com/am_search.html).

### August 2019 update

#### Updates:

Updates marked with an asterisk (\*) denote that the criteria may be perceived as more restrictive.

- \*GENE.00023 — Gene Expression Profiling of Melanomas
  - Expanded Scope to include testing for the diagnosis of melanoma
  - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma
- \*GENE.00046 — Prothrombin G20210A (Factor II) Mutation Testing
  - Revised title
  - Expanded scope and position statement to include all prothrombin (factor II) variations
- \*MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting
  - Revised title
  - Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- \*SURG.00052 — Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])
  - Revised title
  - Combined the three INV&NMN statements into a single statement
  - Added Intraosseous basivertebral nerve ablation to the INV&NMN statement
- \*TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- \*CG-ANC-07 — Inpatient Interfacility Transfers
  - Added NMN statements regarding admission and subsequent care at the receiving facility
- \*CG-DME-46 — Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities
  - Revised title
  - Expanded Scope
  - Revised MN statement to include upper extremities
- The following AIM Specialty Health<sup>®</sup> updates were approved:
  - \*Spine Surgery
  - \*Radiation Oncology-Brachytherapy Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
  - Sleep Disorder Management Diagnostic & Treatment Guidelines

## Medical Policies and Clinical UM Guidelines update (cont.)

- Advanced Imaging
  - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
  - \*Imaging of the Abdomen and Pelvis
- MCG Customization for Repair of Pelvic Organ Prolapse (W0163) - Updated Coding Section

### Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. These guidelines take effect December 22, 2019. View the full update online for a list of the policies.

### Clinical UM Guidelines

On August 22, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup members on September 26, 2019. These guidelines take effect December 22, 2019. View the full update online for a list of the guidelines.



MD-NL-0263-19

## Noncovered codes

Amerigroup Community Care considers codes not listed on the current Centers for Medicare & Medicaid Services (CMS) or State Medicaid program fee schedules as not covered for both professional and institutional claims. This includes the resource-based relative value scale (RBRVS), Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) codes.

### What this means to you

To avoid claim denials, ensure you are billing with the most current, applicable RBRVS, CPT and HCPCS codes. A [list of noncovered codes](#) can be found on our website. Additional codes may be considered noncovered based on CMS and State changes over time.



### What is the impact of this change?

Amerigroup follows CMS and State guidelines and has identified codes that are not payable that should either be billed with a more appropriate code, bundled — not separately reimbursed — or listed in your provider agreement.

A corrected claim or replacement claim can be submitted within 180 calendar days of Amerigroup paid or denied payment notification. Submit corrections to a claim only if the original claim information was wrong or incomplete.

Claims, including corrected claims, received after the applicable filing deadlines will deny.

You can find more information on claims and covered services in the Amerigroup provider website at [www.providers.amerigroup.com/md](http://www.providers.amerigroup.com/md).

MDPEC-1940-19-A

## Important phone numbers to know

Note: Many of these numbers are answered during business hours only (8:30 a.m.-5:30 p.m.) unless specified.

<b>Dental</b>		<b>Provider Management services</b>	
<b>DentaQuest</b> (dental services for members age 21 and older)	<b>Providers:</b> 1-800-341-8478 <b>Members:</b> 1-888-278-7310	<b>Amerigroup Provider Services department/ Provider Inquiry Line</b>	1-800-454-3730 Available 24 hours/7 days a week
<b>MD Healthy Smiles Dental Program</b> (dental services for members younger than age 21 and pregnant women)	<b>Providers:</b> 1-844-275-8753 <b>Members:</b> 1-855-934-9812 (TDD: 1-855-934-9816)	<b>Amerigroup Provider Demographic Information Updates</b>	Fax: 1-855-875-3629
<b>Vision</b>		<b>Electronic Data Interchange (EDI) Hotline</b>	1-800-590-5745
<b>Superior Vision</b>	1-866-819-4298	<b>Availity Client Services</b>	1-800-AVAILITY (282-4548)
<b>Pharmacy</b>		<b>CAQH</b>	1-888-599-1771
<b>Amerigroup Community Care Pharmacy department</b>	1-800-454-3730	<b>Provider Complaints/Grievances</b>	1-800-454-3730
	<b>Pharmacy Benefit Manager</b> Phone: 1-833-262-1726 Fax: 1-833-263-2871	<b>Amerigroup Special Investigations Unit</b> (reporting suspected reporting fraud and abuse)	1-866-847-8247
	<b>Specialty/Injectable</b> Phone: 1-833-255-0646 Fax: 1-833-263-2971	<b>Amerigroup Compliance Hotline</b>	757-518-3633
	<b>Mail-order Pharmacy Services</b> Phone: 1-833-203-1742 Fax: 1-800-378-0323	<b>Member Management services</b>	
<b>IngenioRx Specialty Pharmacy</b> Available 24 hours/7 days a week		<b>Member Services</b> (questions/complaints/grievances/appeals/provider/ request/etc)	1-800-600-4441 (TTY 1-800-855-2880)
		<b>Interpreter Services/ Deaf and Hard of Hearing Services</b>	1-800-454-3730
		<b>24 Hour Nurse Helpline</b> Available 24 hours/7 days a week	1-866-864-2544
<b>CoverMyMeds electronic Prior Authorization (ePA)</b>	1-866-452-5017	<b>Local, State, Federal contacts</b>	
<b>Case Management</b>		<b>Administrative Care Coordination/Ombudsman Services (ACCU) Division of Community Liaison and Care Coordination</b> (noncompliant member outreach/LHD transportation)	410-767-6750
<b>Case Management department</b>	1-800-454-3730 Referral: 1-800-454-3730	<b>MDH Division of Tuberculosis Control</b>	Phone: 410-767-6698 Fax: 410-669-4215
<b>Amerigroup Specialty Needs Coordinator</b>	410-981-4060	<b>MDH Rare and Expensive Case Management (REM) Program</b>	Phone: 1-800-565-8190 Fax: 410-333-5426
<b>Medical Management</b>		<b>MDH Provider Help Line for HealthChoice</b>	1-800-766-8692
<b>Corrective Managed Care/ Lock-In Pharmacy Program</b>	410-981-4569	<b>EPSDT Certification</b>	410-767-1836
<b>Behavioral Health System</b>	1-800-888-1965	<b>Eligibility Verification System (EVS)</b>	1-866-710-1447
<b>ImmuNet Help Desk: Maryland's Immunization Registry</b>	410-767-6606	<b>MDH Office of Inspector General</b> (reporting provider fraud)	410-767-5784 or 1-866-770-7175
<b>Diseases Management Centralized Care unit</b>	1-888-830-4300	<b>Maryland Medicaid Fraud Control Division of the Office of the Maryland Attorney General</b>	410-576-6521 or 1-888-743-0023
<b>Transportation services information</b> (provided by local health department or, in some cases, Amerigroup)	1-800-454-3730	<b>Federal Office of Inspector General; U.S. DHHS</b>	1-800-HHS-TIPS (1-800-447-8477)
<b>Utilization Management services</b>		<b>MDH Maryland Health Connection</b> (Medicaid enrollment/reenrollment/MCO selection)	1-855-642-8572 (TTY: 1-855-642-8573)
<b>AIM Specialty Health®</b> (radiology precertification)	1-800-714-0040	<b>MDH Enrollee Helpline for HealthChoice</b>	1-800-284-4510
<b>Inpatient Concurrent Review</b>	<b>Peer-to-peer:</b> 1-866-696-2709 <b>Precertification:</b> 410-981-4050	<b>MDH Pregnant Women Helpline</b>	1-800-456-8900
<b>Inpatient Admissions</b>	1-800-454-3730		
<b>Claims/Authorization/Dispute Status</b>	1-800-454-3730		

For more information, reference the Provider Manual located at <https://providers.amerigroup.com/MD>. For all other questions, contact your Provider Relations representative or Provider Services at 1-800-454-3730.